

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO.

09/130 818

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/				
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TOTAL IND.	14					
TOTAL DEP.	8	↓	↓	↓	↓	↓
TOTAL CLAIMS	22	↓	↓	↓	↓	↓

IND.	DEP.	IND.	DEP.	IND.	DEP.
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99					
100					
TOTAL IND.					
TOTAL DEP.		↓	↓	↓	↓
TOTAL CLAIMS		↓	↓	↓	↓